



BILL/RECEIPT

Name Mrs.SATWINDER KAUR SINDHU
Age/Gender 46 Y 0 M 0 D /Female
Contact No. 8745412310
Address NOIDA,NOIDA
UHID JNDA.0000038508
Client OSS DIAGNOSTICS PVT LTD

Bill JNDAB/22-23/00038645
Visit/Reg. Date 17-Jan-2023 07:14PM
Referred By Dr.SELF
Visit No. JNDA0138645
Home Collection No

#	SAC Number	Test Code	Test Name	Barcode No.	Rate	Discount	Total
1	999316	8892	RA(RHEUMATOID FACTOR) QUANTITATIVE	10054413	150.00	0.00	150.00

Bill Amount : 150.00
Total Discount : 0.00
Net Bill Amount : 150.00
Total Paid Amount : 0.00
Due Amount : 150

Received with thanks : Zero

For Online Report: ID: IDNDAA38818 Password: S89FXC
Online Patient reports available for 7 days.

Signature